

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10/030618	FILING DATE			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	1		1		1		51				
2	1		1		1		52				
3	1		1		1		53				
4		1		1		1	54				
5		1		1		1	55				
6		2		2		2	56				
7		2		2		2	57				
8		0		0		0	58				
9		1		1		1	59				
10		1		1		1	60				
11		0		0		0	61				
12		0		0		0	62				
13		0		0		0	63				
14		0		0		0	64				
15		0		0		0	65				
16		0		0		0	66				
17		1		1		1	67				
18		1		1		1	68				
19		1		1		1	69				
20		1		1		1	70				
21		1		1		1	71				
22		1		1		1	72				
23		0		0		0	73				
24		0		0		0	74				
25		0		0		0	75				
26		0		0		0	76				
27		0		0		0	77				
28		0		0		0	78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	13		3		2		TOTAL IND.				
TOTAL DEP.	27		63		26		TOTAL DEP.				
TOTAL CLAIMS	40		66		28		TOTAL CLAIMS				

PTO-1380 (3-78)

66 \*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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